

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10702

Entity Name: PERFORMANT RECOVERY, INC.**Current Principal Place of Business:**333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551**Current Mailing Address:**ATTN: SHRONDA ALLEN, 333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551**FEI Number:** 94-2370483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	IM, LISA
Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551

Title	VT
Name	ORVELL, HAKAN
Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551

Title	DS
Name	SHAVER, JON DR
Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551

Title	ASV
Name	CALVIN, BRUCE
Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551

Title	DP
Name	LEACH, HAROLD T. JR.
Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAKAN ORVELL**TREASURER****04/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date